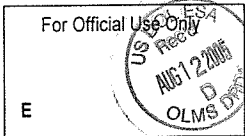


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5728</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RICHARD</u> <u>A</u> <u>PENGRESS</u> P.O. Box, Bldg., Room No., if any Street <u>430 WEIDLOCHER LANE</u> City <u>ANNA</u> State <u>Illinois</u> ZIP Code + 4 <u>62906</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL 782</u> Labor Organization File Number <u>038-782</u> P.O. Box, Building and Room Number, if any Street <u>2424 CAIRO RD.</u> City <u>PADUCAH</u> State <u>Kentucky</u> ZIP Code + 4 <u>42001</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard Pengress

On

8-11-05
Date

270-442-2722
Telephone Number

Name of Person Filing RICHARD PENGRESS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IRONWORKERS DISTRICT COUNCIL OF ST. LOUIS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3544 WATSON RD.

City ST. LOUIS

State Missouri

ZIP Code + 4 63139

14.a. Nature of payment.

DINNER AT KENTUCKY LAKE JOINT DISTRICT COUNCIL MEETINGS (Aug. 24, 25, 26, 2004)

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

\$50

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IW St. Louis District Council Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2160 S. Foster Avenue

City Wheeling

State Illinois

ZIP Code + 4 60090

14.a. Nature of payment.

International foundation meetings for trustees in New Orleans. (Nov. 27, 2004 to December 4, 2004)
Transportation \$472.25
Hotel Deposit \$350
Hotel \$1,974.81
Meals \$232.36
Registration to I.F.E.B.P. \$915

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$3,944

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ARK Asset Management (Charles Jarvis)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 Broad Street

City New York

State New York

ZIP Code + 4 10004

14.a. Nature of payment.

Dinner for myself and my wife. (December 1, 2004)

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$279

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name US Bancorp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 505 N. 7th Street 10th Floor

City St. Louis

State Missouri

ZIP Code + 4 63101

14.a. Nature of payment.

Cardinal ball tickets for myself and my wife. (estimated)

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$300

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IW St. Louis District Council Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2160 S. Foster Avenue

City Wheeling

State Illinois ZIP Code + 4 60090

14.a. Nature of payment.

January 27 - 29, 2004 Trustee Meeting
Meals \$152
Hotel \$226.88

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$379

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IW St. Louis District Council Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2160 S. Foster Avenue

City Wheeling

State Illinois ZIP Code + 4 60090

14.a. Nature of payment.

April 6 - 8, 2004 Trustee Meeting
Meals \$169
Hotel \$416.26

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$585

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IW St. Louis District Council Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2160 S. Foster Avenue

City Wheeling

State Illinois ZIP Code + 4 60090

14.a. Nature of payment.

July 7 - 8, 2004 Trustee Meeting
Meals \$163
Hotel \$347.34

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$510

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IW St. Louis District Council Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2160 S. Foster Avenue

City Wheeling

State Illinois ZIP Code + 4 60090

14.a. Nature of payment.

October 12 - 13, 2004 Trustee Meeting

Meals \$169

Hotel \$196.64

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$366

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.